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JOINT TUBERCULOSIS COUNCIL

Interim Report of COMMITTEE ON Ministry of Health Memorandum 266/T

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21 JULY, 1945

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JOINT TUBERCULOSIS COUNCIL, 1945

REPRESENTING:

Tuberculosis Association: Drs. A. Stephen Hall, H. G. Trayer, L. E. Houghton, James Watt, Norman J. England.

Society of Medical Officers of Health: Drs. J. Ferguson, H. Selby, R. L. Midgley, C. K. Cullen.

North Western Tuberculosis Association: Drs. G. Jessel, H. G. Trayer.

North of England Tuberculosis Society: Dr. W. Dickinson (invited).

Welsh National Memorial Association: Drs. N. Tattersall, Emrys Jones.

National Association for the Prevention of Tuberculosis: Drs. R. A. Young, A. Morland.

British Medical Association: Air-Commodore R. R. Trail, Dr. A. P. Ford.

Association of Thoracic Surgeons: Mr. J. E. H. Roberts.

Faculty of Radiologists: Dr. P. Kerley.

Ministry of Labour: Dr. E. R. A. Merewether.
Pensions: Dr. A. Sandison.
Health: Dr. Norman F. Smith.
Department of Health for Scotland: Dr. J. S. Westwater.
} Observers.

British Orthopaedic Association: Mr. E. S. Evans.

British Paediatric Association: Dr. W. Sheldon.

Tuberculosis Society of Scotland: Dr. J. C. Simpson.

Yorkshire Tuberculosis Society: Dr. V. Ryan.

Co-opted Members: Drs. G. Lissant Cox, F. R. G. Heaf, Peter W. Edwards, J. B. McDougall, D. P. Sutherland, Professor W. H. Tytler.

COMMITTEE ON MEMORANDUM 266/T.

Drs. C. K. Cullen (*Convener*), A. P. Ford, G. Jessel and D. P. Sutherland.

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Interim Report of
Committee on Memorandum 266/T

The terms of reference to the Committee were "to consider and report upon all matters arising now and in the future out of the Ministry of Health Memorandum 266/T" and certain specific items were referred to the Committee for consideration, namely a series of resolutions passed by a joint meeting of London Tuberculosis Officers with Care Workers of London, Middlesex and Surrey, and a series of recommendations made by the Hospital Almoners' Association (See Appendix I). This interim report deals only with the question of financial allowances under the existing scheme as laid down in the Memorandum.

The institution of a scheme of financial allowances for certain categories of tuberculous patient was one of the steps taken by the Government to act upon a number of recommendations made by the Medical Research Council's Committee on Tuberculosis in War-time. This MRC Committee was itself appointed at the request of the Minister of Health, with the late Lord Dawson of Penn as its chairman, to advise on the measures that could be taken to check the spread of the disease. Its report was published in September, 1942.

With commendable speed the Minister issued in December, 1942, Circular 2741 indicating certain steps which he proposed to take arising out of the MRC report, including provision of financial assistance; and in April, 1943, the proposals with regard to mass radiography and financial assistance were published in some detail in Memorandum 266/T.

The issue of Memorandum 266/T was generally welcomed as a great step forward in the provision of facilities for early diagnosis and the official recognition of the relationship between financial anxiety on the part of the patient and his willingness to accept treatment. Nevertheless there was widespread disappointment at the exclusion of the non-pulmonary cases and the so-called "chronic" cases. This disappointment was voiced with some emphasis at the Annual Conference of the National Association for Prevention of Tuberculosis held in July, 1943, which was addressed by the then Minister of Health, Mr. Ernest Brown, and at which Mr. T. Lindsay (Principal Assistant Secretary to the Ministry) replied to the discussion.

At this conference it was pointed out that to allow the "chronic" cases to remain in industry or at their homes was to expose other workers to the danger of infection, with a possible detrimental effect upon man-power (presumably the key issue controlling the Minister's power to act by regulation) and Mr. Lindsay promised to make representations in the proper quarters with a view to a possible extension of the scheme.

In September, 1943, the Minister's own Standing Advisory Committee "urged a modification of the instruction to tuberculosis authorities that the tuberculosis allowances were not payable in cases where treatment cannot do more than alleviate a chronic condition." (Hansard 7/6/45). But the Minister remained adamant.

In reply to representations from all sections of the Tuberculosis Service, the Ministry has pointed out that the scheme is a war-time measure and has repeatedly maintained that under war-time regulations it has no power to include these cases without Parliamentary legislation.

The Ministry's attitude may be arguable, but your committee (meeting in the later stages of the war) felt that it had no alternative but to accept the Ministry decision, whilst pointing out the difficulties consequent upon it and expressing the hope that in any future scheme no dividing line would be drawn between pulmonary and non-pulmonary cases or between those with fair prognosis and those with poor prognosis. The need of the patient is the same in all cases and we feel that the public interest will also be served by abolishing the distinctions.

The whole scheme is likely to be considerably affected if not superseded by the new proposals for national insurance now published in a White Paper. It appears likely that if the proposals of the White Paper are implemented by legislation all forms of invalidity, tuberculous and other, will be included without distinction as entitling to benefit. There are some implications in this which we view with concern. This is a question to which we propose to give further attention and on which we hope to report later.

MRC COMMITTEE PROPOSALS

In considering the extent to which the Minister has implemented the recommendations of the MRC Committee and the adequacy of the present scheme, we would first quote certain paragraphs of the MRC Report :—

> "The Committee would like to draw attention to the financial position of the tuberculous individual and his family . . . . . N.H.I. disablement benefit, following termination of sickness benefit at six months, is inadequate. Extra nourishment in kind, which may be granted as a supplement by local Authorities,

varies widely in amount, content and duration from one area to another; difficulties associated with this system, and with its lack of uniformity, have been intensified under present conditions, e.g. by the rationing of eggs and other favoured extras. As an approximation, the monetary value of extra nourishment provided by many Local Authorities varies between 3/- and 7/- a week."

"The result of the reduction in income which is experienced by the industrial wage-earner with tuberculosis and which is accentuated the longer his illness lasts, is that he must eventually either seek relief from Public Assistance or be supported by his relatives, often themselves on a low income level . . . . .

"The marked fall in the standard of living . . . . . is widely recognised among industrial workers, who often regard tuberculosis as spelling economic disaster."

"It is doubtful also whether schemes of periodic mass radiography in factories will succeed in their objects unless the detected individuals—who may not have suspected their illness and may feel fit enough to continue work—receive financial provision adequate to overcome their disinclination to follow medical advice if it entails treatment in a sanatorium."

"The Committee therefore recommends that special financial provisions should be made to meet these conditions . . . . . The amount of benefit would have to vary according to the needs of the patient and his family. This financial scheme might also be linked with a fund for providing payments to supplement, to their full amount, the wages of those returning to their employment on the basis of part-time or modified work."

"In the Committee's opinion, a financial scheme of this kind at the present time would contribute both directly and indirectly to the control and prevention of tuberculosis. It would help directly by giving the patient an adequate standard of living so as to aid in the conquest of his disease, and would similarly lessen the risk of its development in his family. Indirectly it would contribute too by making it easier to persuade the patient to complete his treatment and not return to work prematurely, by removing some of the fear which prevents many adult home-contacts from attending for examination, and by increasing the acceptability to workers of mass radiography schemes."

It will be seen from these quotations that the MRC Committee was anxious to secure—

(a) that an adequate standard of living should be maintained for the tuberculous patient and that there should be no marked fall in this;

(b) that there should be sufficient inducement to a patient to give up his work at an early stage of the disease in order to undergo treatment;

(c) that there should be some measure of uniformity in the financial provisions made;

and that there was also a suggestion that the scheme might be linked with a fund for making up wages (on return to part-time or modified work) to the full normal amount.

THE MINISTRY'S RESPONSE

In Circular 2741 (p. 3, para. 8) the Ministry gives a modified endorsement to the first three points :—

> "When facilities for diagnosis and treatment are available it is important that those who give up work temporarily for treatment which is in the interests of the public health no less than their own should be able to do so without financial anxiety as to the maintenance of their dependants. It is of particular importance that treatment in accordance with the medical needs of the individual should be undertaken at a time when it is likely to lead to complete and speedy cure, and be continued for the period necessary, and therefore that the assistance provided should be approximately uniform throughout the country."

The next paragraph, dealing with the general lines along which the scheme was to be framed, includes the statement—"Assistance should be made available for all persons who suffer loss or diminution of income through giving up their occupation while undergoing treatment for pulmonary tuberculosis approved by the Tuberculosis Authority, whether in an institution or at home, and who have one or more persons wholly or mainly dependent on them." It is obvious from succeeding paragraphs however that the assistance would only be available if the "loss or diminution of income" brought the patient and his family below a certain scale and would only be made up to that scale, with the addition of certain special and discretionary payments for special needs.

WHAT HAS THE SCHEME ACHIEVED?

The scheme has certainly been of great value in mitigating the financial embarrassment of those patients who, because of the earnings of other members of the family (not taken into account in assessment under Memorandum 266/T) would have been ineligible for any help through the channels of Public Assistance. In some areas, we are informed, these cases constitute five-sixths of the total number of applicants. In addition, many patients whose family income could only have been supplemented up to Public Assistance scale are now well above that scale. In these cases it

has probably helped to secure the patient's retention in sanatorium for the full period of his treatment and a greater willingness to accept the discipline necessary to treatment.

It has relieved those cases eligible for grants of the necessity of applying to Public Assistance Commmittees, which in many areas still retain much of the old Poor Law tradition; and though in recent years the administration has in general been carried out with more humanity the majority of patients are glad to receive their allowances through the Tuberculosis scheme and not to be "on relief." It is however in this category of patients that economic necessity compels the worker to remain at work as long as he can or until his symptoms become too insistent to be ignored, and in some areas they form a majority of applicants.

It has helped young unmarried individuals—previously dependent after discharge from sanatorium on their families and a low rate of NHI benefit—by giving them an allowance "in their own right" sufficient to cover subsistence.

Some other needs and commitments, such as hire purchase and rent, in addition to subsistence, are allowed for and met by the scheme through special and discretionary payments. Some of these needs may previously have been met by sympathetic Public Assistance Committees in some parts of the country, but their recognition is now general throughout the country under the scheme.

CRITICISMS

It is clear from the Memorandum that the scheme is not intended to cover fully the proposals of the MRC Committee. Para. 25 indicates that the allowances are "to mitigate the financial difficulty" and that "even with these allowances, undertaking treatment will often mean a loss of income." It is doubtful, however, whether the scheme goes far enough to cover the main objects of the MRC Committee as set out above.

In this connection, it is worth noting that in a mass radiography survey carried out under the auspices of the MRC Committee in 1943 and covering 21,000 workers in two factories and a large office group, 79 persons were "classed as requiring to leave work for institutional treatment." When, shortly afterwards, the financial allowances were introduced, a check-up was made to see how many were receiving the allowances. It was found that for one reason or another only 16 out of the 79 were receiving allowances at that time. The team of workers conducting the survey goes on to say in the report (MRC Special Report Series No. 251) :—

"It is difficult to comment on this small enquiry. Apart from any question of the adequacy of the allowances, the chief

categories likely to be discouraged from leaving remunerative work by ineligibility would appear to be chronic active cases, married women and possibly certain unmarried persons. It is of interest to note that a recent joint report of the National Association for the Prevention of Tuberculosis and the Committee for the Study of Social Medicine (1944) recommends that the financial allowances should be made available for all notified cases of tuberculosis, and not be restricted to pulmonary tuberculosis where the patient has a prospect of returning to normal work. 'This would be a distinct encouragement for chronic tuberculous patients to accept regular treatment and care,' it is stated; and we may add it would also assist in the success of mass radiography."

The Minister of Health stated at the NAPT Conference that the Government anticipated that the scheme would cost three million pounds a year, but the actual cost to the Exchequer for the twelve months ended 31st March, 1945 was approximately £650,000. (Written answer to Parliamentary question. No. 65 1944-45. 13th June, 1945. 15).

(a) Adequate Standard of Living and Fall in Standards.

It is stated in Para. 34 of the Memorandum that the object of the scheme is to provide adequate maintenance and to meet specific standing charges associated with the maintenance of the home. There are divergent views as to what constitutes an adequate standard of living, but the phrase must certainly be held to cover necessary out-goings such as proper feeding, sufficient living accommodation, and clothing; and in addition there must be some margin for recreation and the numberless items of expenditure which cannot be classified but occur in every family budget (household utensils, wear and tear of furnishings, fares, etc.). Rent is specifically covered by the scheme. Clothing and bedding is left to the generosity of Care Committees (where they have funds to meet it—a very variable factor). The margin for recreation and sundry needs is ignored altogether so far as dependents are concerned.

The report of the JTC Nutrition Committee on War-time Diet makes it doubtful whether the allowance is even sufficient for proper feeding :—"It must be borne in mind, however, that in order to purchase this amount of food, from 8s. 6d. to 9s. 0d. per week must be spent. This figure is of interest in view of the fact that the maintenance allowance under Ministry of Health Memorandum 266/T for the dependent children of a tuberculous patient are from 5. 0d. to 8s. 0d. per week according to age." (**Note.**—The allowances for dependent children under Memorandum 266/T are 12s. 0d. for dependents of 16 and over, other than the wife or husband, 8s. 0d. for dependents of 14-15, 6s. 6d. for dependents

of 10-13, and 5s. 0d. for those under 10. There are few dependents over 14 in working-class areas as most children of this age are at work. The allowances, therefore, range in practice—excluding special cases—from 5. 0d. to 6s. 6d. Much depends also on the managing capacity of the housewife).

The Joint Committee of the NAPT and the Committee for the Study of Social Medicine, reporting on a survey of over a thousand households, calculated that the effect of the grant of maintenance allowances on the money available for food purchase would be that 11% of the total would still be below the minimum standard considered essential for a healthy person and officially recognised by the Ministry (i.e. making no allowance for extra dietetic needs of tuberculous patients or their families nor for lack of expert knowledge on adequate diets and shopping). In the cases where the patient was the head of the family the percentage would be as high as 19%.

Without a supplementary allowance from the Local Authority or Care Committee for extra nourishment (again a variable factor in different areas—as pointed out by the MRC Committee), the maintenance allowance is less than that given by some Public Assistance Committees, and patients have been known to ask whether they can remain on relief instead of coming under the scheme, i.e. where there are no other earning members of the family. The scale of allowances falls far short of what we believe the MRC Committee had in mind, judging from its report; and we are of the opinion that the basic allowance should be substantially increased. We think too that the dependents' allowances are inadequate and should be materially increased.

The Ministry's representative at the NAPT conference said that the amounts of the allowances had to bear some relation to other kinds of allowances already in operation; but there is of course a special justification for higher allowances when dealing with a disease which can only be successfully overcome with a reasonably good standard of living, and this is as necessary for the protection of other members of the family as for the recovery of the patient himself. Safeguarding of health and prevention of further infection in a family already predisposed cannot be secured by allowances based on subsistence needs only.

Apart from the adequacy of the standard of living, there is in the vast majority of cases "a marked fall in the standard." Where second or subsequent cases occur in the same family, the hardship becomes accentuated and it becomes increasingly difficult to persuade the later patients to accept sanatorium treatment, particularly if they are discovered as contacts and are feeling in good health. There are many cases within the knowledge of Tubercul-

osis Officers where delay in accepting treatment has been due to this cause or where the standard of the home has been disastrously reduced.

(b) Inducement.

There is little inducement in the scale of allowances to persuade the early case with few or no symptoms and earning good wages to give up work while the disease remains early. For many patients the anxieties of today are more potent than the fears of tomorrow, which they hope may never materialise. For the married woman the scheme, as generally interpreted, offers no inducement at all; for the single person without dependents the inducement is the distant one of a maintenance grant of 27s. 0d. a week after discharge from sanatorium. Under National Health Insurance the married woman is eligible for benefit, and we are of the opinion that married women giving up gainful occupation should be eligible for allowances under Memorandum 266/T on the same basis as a person without dependents. In some areas they receive allowances on this basis. There should also be some special allowance in the case of single persons who have contributed more than the cost of their maintenance to the upkeep of the home.

(c) Uniformity.

A certain measure of uniformity has been achieved in the treatment of those cases certified as being eligible, but there is lack of uniformity on the question of eligibility. Patients from neighbouring areas may find themselves in the same ward of a sanatorium or hospital with similar stages of disease and similar prospects but treated very differently as regards financial assistance because one has been certified as eligible and another as ineligible. It is possible that the "eligible" patient may die and the "ineligible" patient may live to return to some kind of work. The difficulty is largely created by the regulation disqualifying "chronic cases" and the impossibility of drawing any dividing line based on recognised standards. This difficulty will remain as long as the regulation is unaltered.

Some of the criticisms and suggestions for amendments of the scheme received by the committee deal with other aspects of uniformity in administration. Conditions vary considerably however in different parts of the country. To give two examples :— (i) With regard to visiting by relatives, in some areas such as county boroughs residential treatment may be provided at no great distance from the patient's home, whereas in the areas of joint authorities and the larger counties the institutions, particularly the sanatoria, may be fifty miles away; and the London County Council has beds in institutions all over the country. Frequency of visits must therefore be conditioned to some extent by

local circumstances, as well as by individual factors such as the condition (physical and psychological) of the patient. The decision should be in the hands of the Tuberculosis Officer, in consultation if necessary with the Medical Superintendent of the institution. (ii) Payment of all allowances by cheque may entail no difficulty for patients or relatives in some areas, whereas in others the recipients may have some difficulty in getting the cheque cashed.

Whilst uniformity has no intrinsic importance and a measure of local discretion has its value, a system which permits marked n-equalities in the financial treatment of patients is undesirable. It may lead to considerable dissatisfaction amongst patients and cause bad psychological reactions due to the feeling of injustice aroused. Moreover, while local initiative exercised by an authority conscious of its responsibilities and anxious to do all in its power to restore the sick to health may be beneficial, there still exist backward areas where the service leaves much to be desired. There is considerable divergence in practice under different authorities due to differing interpretations of instructions and varying use of discretion. A minimum standard of uniformity is essential and can only be achieved by a measure of central direction and control. It seems desirable that some review should be made of the various Ministry rulings and recommendations on various aspects of the scheme and that standardised guidance on questions of principle should be issued.

CHRONIC CASES

The MRC Committee apparently did not visualise any distinction being made between chronic and curable cases. The inequality of treatment has already been mentioned, but a far more serious matter with regard to the ineligibility of the chronic case is the consequence to the patient. To tell a patient that he is ineligible for allowances is tantamount to an intimation that his case is hopeless. It undermines his will to struggle against the infection and destroys the confidence that is necessary for any possible recovery. It is a grave departure from recognised medical practice and is incompatible with humanitarian principles. Moreover, on grounds of public interest, it is important that the chronic infectious case—often still able to work—should be taken out of the main stream of industry, given treatment to improve his condition, and found an occupation under sheltered conditions with proper supervision.

Under the present scheme, a wide discretion is left in the hands of Tuberculosis Officers in deciding eligibility. We think they should exercise it in favour of the patient if there is any chance of sufficient recovery to enable him to return to any kind of work or remunerative occupation.

We would also draw attention to the fact that some authorities pay grants out of rates, under the Public Health Act, 1936, Section 173 (2), to chronic pulmonary cases and non-pulmonary cases on a basis parallel to that of Memorandum 266/T, and others arrange for Public Assistance payments to be made through the Tuberculosis service.

NON-PULMONARY CASES

Apart from the restrictions on the powers of the Ministry under war-time regulations, there seems little justification for the division of a disease such as tuberculosis into two separate categories based on anatomical distinctions and possible infectivity. At present we have the anomaly that a pulmonary case with minimal lesion and absent or negative sputum is eligible for allowance (if he can be induced to accept treatment), presumably on the grounds that (a) he is curable and (b) he might later become infectious and spread the disease amongst fellow workers, whilst both the chronic infectious case still at work and the non-pulmonary case are ineligible. As to prospects of rehabilitation, the average non-pulmonary case is more likely to return to full employment than the average pulmonary case. His personal needs and the need for maintenance of his family (probably just as predisposed to infection) are practically identical with those of the pulmonary case. They should be made eligible under any future development of the scheme but can at present only be dealt with out of local funds.

SICK BENEFIT

The position with regard to payment of sick benefit while the patient is receiving institutional treatment has long been unsatisfactory. Some Approved Societies refuse to pay out to the patient more than a pocket-money allowance, even though requested to do so by the Tuberculosis Officer or the Care Committee in cases of real need, until the patient's discharge, when the accumulated benefit is paid. The Ministry states that it has no power to compel Approved Societies to vary this procedure. Nevertheless a strong recommendation from the Ministry would go a long way in securing this and we urge the Ministry to make such a recommendation. We agree with the Almoners and London Tuberculosis Officers that benefit should be paid in full at the patient's request during institutional treatment, and that arrears of benefit paid on discharge should not be taken into account in assessing allowances if the patient has received no grant under Memorandum 266/T whilst away. If no grant has been made under the scheme on the ground that sick benefit should cover the needs, it is not fair that accumulated benefit (often needed for clothing and similar expenditure) should be deducted from maintenance grant on discharge.

DISCRETIONARY GRANTS AND OTHER PROPOSALS

The principal questions raised in the documents referred to us for consideration have been dealt with above. There remain a number of details :—

Discretionary Allowance Limit.—We agree that the limit should be raised to 20/- as suggested and the Ministry should be asked to agree.

Fares limit of 2s. 6d.—Assessment officers should be allowed to pay fares below this limit in cases of hardship.

Household Help.—The Ministry has given a ruling allowing for payment of household help where the patient is at home, in cases of need. With regard to the 10/- limit, it is important that the tuberculous housewife should not be at a disadvantage as compared with other housewives for whom this kind of help is needed and granted, and we think that provision should be made for larger payments at the discretion of the assessment officer.

Payment for Unborn Child.—This principle is already accepted with regard to pregnancies of six months or over by the Public Assistance Committees of some of the larger Local Authorities. We think there is a strong case for its adoption in the payment of grant to the family of a tuberculous patient, where extra protection is needed and anxiety is already a large psychological factor.

Technical Training Grant.—We are in agreement with the suggestion that allowances should be paid to patients fit for light work who wish to do technical training at a recognised school or institute. We understand that the Ministry has in certain cases approved grants under these circumstances. These cases are not at present numerous and should be submitted to the Ministry.

Students and School-leavers.—We think that students who have already embarked on a course of special study and have to give it up for treatment should be included in the scheme as if they had been engaged in remunerative occupation, but do not agree that school-leavers should come into this category.

Pocket-money for Wife.—We agree that pocket-money and also fares for visitors should be payable in respect of the wife as well as the husband where both partners are undergoing treatment, but think the circumstances likely to be rare. The Ministry might be asked for a ruling on this point without any specific amendment of Memorandum 266/T.

Light Work and Part-time Work.—Some areas make no distinction. We believe that this is the intention of the scheme and

recommend that all local authorities should be advised to take this course.

Continuation of Allowances for reasonable time after Patient is fit for Work.—The Ministry has given a ruling to the London County Council as follows : "Para. 47 (iii) (b) is intended to indicate that **even** if the patient is capable of light work (i.e. part-time work), the allowances may continue to be payable, subject of course to the other limitations of the scheme." In some areas, patients are kept on allowances until either suitable work is found for them or the period is expired; patients are meanwhile referred to the Employment Exchange for provisional consideration.

Weekly Payment of Allowances and Cash Advances.—Subject to provision being made for weekly payment in case of need on request from the recipient, we think there is no need for a rigid ruling. It should be remembered that in many working-class households difficulties may be caused by departure from the principle of the "weekly budget." Cash advances can already be made without amendment of Memorandum 266/T.

Proportion of Rent for Single Persons.—We think that no rigid ruling is advisable but that, in general, one-third is a reasonable proportion to be regarded as rent.

Rehabilitation of the Sputum Positive Case.—This is not a matter for our committee and has been referred to the JTC Rehabilitation Committee.

GENERAL CONCLUSIONS

It will be seen that the suggestions and recommendations made fall into three categories (excluding those which would require a basic change in the scheme) :

i. Desirable improvements within the scope of the scheme which would involve the issue of an amending memorandum by the Ministry of Health.

ii. Points on which definite guidance is desirable for those administering the scheme, either by standardised ruling from the Ministry or by recommendation from an authoritative body in the Tuberculosis world such as the Joint Tuberculosis Council.

iii. Points on which no specific action is required but regarding which an interchange of information might usefully be accompanied by suggestions from the local authorities for improvement of the scheme based on experience of its working.

Local authorities have now had two years' experience of the scheme. As it is unlikely that any new scheme under the

National Insurance proposals will come into effect for a year or two to come, we think that the Ministry of Health should take into consideration the experience thus gained by those who have had to administer Memorandum 266/T and see what useful improvements could be made, either within the limitations of its war-time powers (which are meanwhile likely to be continued) or with an extension beyond this if Parliamentary sanction could be obtained.

In Appendix 2 will be found a questionnaire the circulation of which by the Joint Tuberculosis Council is suggested to bodies responsible for the payment of treatment allowances. The replies are likely to be of value and lead to clarification and a greater degree of uniformity of procedure.

SUPPLEMENTARY CARE WORK

The importance of the work of Care Committees or alternatively of Welfare Departments attached to the Dispensary cannot be over-emphasised, and has been repeatedly stressed by the Ministry. There is great variation in the standard of this aspect of the Tuberculosis Service throughout the country, and particularly with regard to the funds available for assisting patients. Local authorities have power to make grants out of rates to Care Committees and these committees need not therefore be entirely dependent (as in practice so many are) on voluntary funds. Local authorities have also power to provide many accessories of treatment direct (beds and bedding, nursing requisites, etc.). Whilst we consider that the basic needs of the patient should be met on a national standard and therefore—for eligible patients—under Memorandum 266/T, we urge local authorities to make use of their powers to add some of the comforts and amenities which will make the misfortune of the patients more tolerable.

THANKS

We should like to express our thanks for their assistance to the following, who were co-opted to the committee for consultative purposes : Dr. A. Middleton Hewat, Mr. H. F. Hughes, and Miss N. L. Tayler.

C. K. CULLEN (Convener).
A. P. FORD.
G. JESSEL.
D. P. SUTHERLAND.

June, 1945.

APPENDIX 1.

Resolutions passed by joint meeting of London Tuberculosis Officers and Care Workers of London, Middlesex and Surrey, held on 14/4/44.

1. That this meeting is of the opinion that henceforth all patients giving up gainful occupation to undergo treatment for tuberculosis, whatever their classification or prognosis, should be brought within the new scheme for financial allowances, because

   (a) it is impossible to draw any dividing line between those cases who will recover some degree of working capacity and those who will deteriorate under treatment;

   (b) there is wide divergence in the interpretation of the existing instruction; and

   (c) as a war measure it is quite as desirable to withdraw from industry those chronic infectious cases who are a menace to fellow workers as to withdraw the early case who may be non-infectious and who may retain full working capacity.

2. That this meeting is of the opinion that surgical cases should be included in the scheme because it is important from the point of view both of conserving sanatorium beds and of restoring working capacity as early as possible that the case should come under treatment without delay.

3. That this meeting is of the opinion that in schemes for rehabilitation steps should be taken to provide employment, either in special workshops or in suitable positions elsewhere (as messengers, etc.), for those cases who are physically fit to resume full or partial employment but whose sputum remains positive after discharge from sanatorium, because

   (a) it is impossible to retain all patients in sanatoria until sputum is negative;

   (b) there is grave danger of deterioration if they remain in enforced idleness for any considerable time; and

   (c) an appreciable amount of potential labour-power is being wasted while they remain idle.

   We suggest that a list of suitable occupations be drawn up for the use of Employment Exchanges and that preferential treatment for employment in those occupations should be

given to sputum-positive cases, and that any vacancies of this nature should be notified by the Exchange to the Tuberculosis Dispensary.

4. That, on the basis of nearly a year's experience of the working of the scheme for grants and allowances for tuberculous patients, this joint meeting of Tuberculosis Officers and Care Workers whilst welcoming the provisions already in operation strongly urges their extension in the following directions :

   i. Married women giving up gainful occupation should be eligible for allowances under Memorandum 266/T.

   ii. Maintenance grants should compare favourably with and should in no case be below standards observed by Social Welfare Committees, and should include allowances for extra nourishment and other accessories supplied by Social Welfare Committees. This will involve an upgrading of some scales.

   iii. N.H.I. benefit should be paid in full at the patient's request during institutional treatment or arrears of benefit paid on discharge should not be taken into account in assessing allowances if the patient has not received allowances under Memorandum 266/T while undergoing residential treatment.

   iv. In view of the difference between para. 47 of Memorandum 266/T, where the work to which a patient may return is referred to as "light work," and para. 60 where it is referred to as "part-time work," it should be made clear that patients sent to the Employment Exchanges by the Tuberculosis Officers for light work or part-time work should be eligible for maintenance allowances for the prescribed periods.

   v. Assessment Officers should be allowed discretion to pay fares below the 2/6 limit in cases of hardship.

   vi. Provision for household help should be extended wherever necessary both before and after undergoing treatment. The present allowances are in our opinion inadequate and should be increased.

We ask that favourable considerations should be given to the following suggestions : (a) that allowances should be paid to patients fit for light work who wish to do technical training at a recognised school or institute ; and (b) where any allowance is payable in respect of a pregnant woman an extra grant of 5/- weekly should be paid for the unborn child.

In general we feel that whilst the scheme is a step forward it gives little encouragement to a patient with a good standard of living to give up work in order to undergo treatment.

5. That this meeting is of the opinion that discretionary allowances up to the limit of 20/- should be payable without special reference to the Ministry.

Proposals of the Hospital Almoners' Association.

SECTION 1.

1. Allowances should be paid weekly by every authority and where delay between date of application and date of payment is unavoidable and causes hardship, cash advances should be made.

2. The allowances should continue for a reasonable time after the patient is fit to enable him to find suitable employment.

3. The most progressive counties grant fares for relatives to visit once a week. This should be uniform throughout the country.

4. Allowances for domestic help should be paid whilst the patient is at home as well as in her absence as is already permitted in certain areas.

5. A definite ruling should be laid down for the calculation of rent for single persons unable to produce a rent book. The maximum amount at present allowed appears to be one-third of board and lodging.

6. Accrued National Health Insurance benefit should not be taken into consideration in the assessment of allowances.

SECTION 2.

1. a. That the maintenance allowance be increased by 5/- per week to cover extra nourishment during domiciliary treatment.

   b. That children's allowances be raised to 12/6, to cover extra nourishment, for every child under 14 in view of the increased risk to contacts.

   c. That in addition to para. 1, the allowance for man and wife be increased by 3/- so that the wife of a patient in an institution would draw 32/-; i.e. a single person's allowance (27/-) plus 5/- pocket money.

   d. That where a maintenance allowance is already being granted, a dependant's allowance in respect of the unborn child be payable after the first six months of pregnancy.

2. Discretionary Allowances.

The "ceiling" of 10/- for discretionary allowances should be raised to 20/- or above without application to the Ministry, and the following commitments included :—

Rent of business premises.

Storage of furniture.

Sick club payments.

Laundry where housewife is unfit to undertake this.

3. Special Payments.

a. Where a man and wife are both undergoing treatment, the wife should also be eligible for 5/- pocket money.

b. That fares be granted where the cheapest return fare exceeds 1/- instead of 2/6.

c. That special payments should also include an adequate sum per quarter for clothing for the patient and dependant members of the family.

These proposals have been accepted as the official policy of the Hospital Almoners' Association. Whilst recognising the present limited powers of the Ministry of Health, they trust that every effort will be made to work for a more comprehensive scheme. We suggest, also, that although there is no statistical information regarding the payment of allowances for part-time work, this could be a valuable experiment for a more general rehabilitation scheme.

APPENDIX 2.

Questionnaire to Local Authorities on Ministry of Health Memorandum 266/T.

Name of Authority..... Population.....

(1). Number of adult cases of
  (a) Pulmonary tuberculosis ... ...
  (b) Non-pulmonary tuberculosis ... .
  on dispensary register on 1st Oct., 1945.

(2). Number of pulmonary cases for whom maintenance allowances under Memo. 266/T were being paid on 1st Oct., 1945 ... ...

(3). Total expenditure on maintenance allowances for the week including 1st Oct., 1945 ... £.....

(4). Number of patients on 1st Oct., 1945 in receipt of
  (a) Discretionary allowances ... ...
  (b) Special payments ... ...

(5). Total expenditure for the week including 1st Oct., 1945 under (4) (a) ..... £.....
  and (4) (b) ..... £.....

(6). Approximately what proportion of applicants pay rent (with rates) in excess of 15/- per week? ... ...%

(7). Is a Care Scheme in operation? ... ...

(8). It is proposed to collect the various rulings given by the Ministry to different Local Authorities and to circulate these replies. Please attach copies of any rulings which your Authority has received from the Ministry.

(9). Please give on a separate sheet any suggestions for improving scheme of maintenance allowances, etc. under Memo. 266/T.

NOTES RELATIVE TO ANY INFORMATION GIVEN ABOVE (please specify items).

.....

.....

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Signature .....

Official position .....

Date.....

APPENDIX 3.

Documents referred to in the Report and others found useful in considering the application of Memo. 266/T.

Medical Research Council Special Report No. 246—Report of the Committee on Tuberculosis in wartime. (HMSO 9d., 1942)

Ministry of Health Circular 2741 (December, 1942).

Ministry of Health Memorandum 266/T (April, 1943).

Report of 26th Annual Conference, NAPT, held July, 1943. (NAPT 2/-)

NAPT Bulletin November, 1943, particularly pages 9-15.

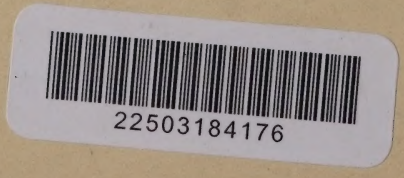
JTC Report of Nutrition Committee on War-time Diet (September, 1944).

Report of Joint Committee of NAPT and Committee for Study of Social Medicine—"Income and food expenditure of tuberculous households in war-time." (NAPT 3/-, 1944)

Medical Research Council Special Report No. 251 : Mass Miniature Radiography of Civilians. Particularly pages 112-113. (HMSO 3/-, 1945)

SOME JOINT TUBERCULOSIS COUNCIL
PUBLICATIONS STILL AVAILABLE

1. *The Fate of Young Children in Tuberculous Households.* 1929.
2. *Tuberculosis among Nurses.* 1937.
3. *The Demonstration of Tubercle Bacilli in Sputum.* 1938.
4. *Report on Skiagraphic Terminology in Pulmonary Disease.* 1939.
5. *The Role of Mass Radiography in Tuberculosis.* 1941.
6. *Re-organisation of the Tuberculosis Services.* 1944.
7. *War-Time Diet.* 1944.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